

First-tier Tribunal - Health, Education and Social Care Chamber (Care Standards)

Withdrawal Form

(except for PoCA and PoVA cases)

For office use only	
Case reference number	
Office stamp (date received)	

Use this form to notify withdrawal of your case before the tribunal (except for PoCA and PoVA cases). Withdrawal of a case or part of a case cannot take effect unless the tribunal consents, (except PoCA and PoVA cases).

Please complete this form in CAPITAL LETTERS or type and either return it by post, email or fax, details at the end of this form.

A – Appe	llant and case details
Appellant name	
Appeal number	
B – Name	e of respondent organisation
	☐ Withdraw the case in its entirety
	☐ Withdraw part of the case
f you are wit	ithdrawing part of your case please specify which part

C – Reasons	s for withdrawal	
l		
Please note: ar within:	ny application for reinstatement of a case	must be made in writing and must be received by the tribunal
	after the date on which the tribunal recei	ived the notice of withdrawal;
•	after the date of the hearing at which the	
ŕ	-	·
Your signature:		Care Standards contact details
		Post:
Datos		HM Courts & Tribunals Service Care Standards
Date:		1st Floor, Darlington Magistrates' Court
	e signed by the person bringing the	Parkgate Daylington
	eir Legal Representative. ure is acceptable)	Darlington DL1 1RU
		Telephone: 01325 289350
		Email: cst@hmcts.gsi.gov.uk
		Fax: 01264 785013

For further information about appeals to the Tribunal, go to the Care Standards website: www.justice.gov.uk/guidance/courts-and-tribunals/tribunals/care-standards/index.htm